

THE SPIRIT OF COOPERATION IN FEDERAL MEDICINE

BY

C. EVERETT KOOP, MD

DEPUTY ASSISTANT SECRETARY FOR HEALTH

AND SURGEON GENERAL

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRESENTED TO THE INTER-SERVICE TELERADIOLOGY CONFERENCE

U.S.U.H.S. SCHOOL OF MEDICINE

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(GREETINGS TO HOSTS, GUESTS, ETC.)

I AM DELIGHTED TO JOIN YOU THIS MORNING AT THE BEGINNING OF THIS IMPORTANT CONFERENCE. IT WOULD HAVE BEEN JUST AWFUL, IF I WERE TO HAVE SPOKEN TO YOU IN THE MIDDLE OF THIS MEETING OR, WORSE YET, AT THE END. I'VE BEEN A SURGEON ALL MY PROFESSIONAL LIFE...HAVE LOOKED AT NEARLY 100,000 FILMS DURING THAT TIME...WORKED WITH SOME WONDERFUL RADIOLOGISTS...BUT I AM NO EXPERT.

NEVERTHELESS, I'M FASCINATED BY THE POSSIBILITIES OFFERED BY SLOW-SCAN TECHNOLOGY -- I GUESS I FEEL THE WAY MOST OF YOU FELT TWO, THREE, AND FIVE YEARS AGO -- AND, AS MY COLLEAGUES IN THE PUBLIC HEALTH SERVICE KNOW, I AM AN ENTHUSIASTIC SUPPORTER OF THIS PROJECT. IT KEEPS US POINTED IN THE DIRECTION OF PROVIDING MORE AND BETTER HEALTH CARE TO REMOTE MILITARY BASES AND TO ISOLATED RURAL COMMUNITIES.

PART OF MY ENTHUSIASM IS SIMPLY FOR THE SAKE OF GOING FORWARD, OF OUR ABILITY TO HARNESS TECHNOLOGY AND MAKE IT WORK FOR US INSTEAD OF THE REVERSE. AS YOU ARE ALL AWARE, MEDICAL TECHNOLOGY IS A MIXED BLESSING. ALL I HAVE TO DO IS MENTION ONE MACHINE -- THE CAT-SCANNER -- AND I'M SURE THE SAME BALANCE SHEET COMES IMMEDIATELY TO YOUR MIND THAT COMES TO MINE.

BUT AT THIS CONFERENCE ON TELERADIOLOGY, I BELIEVE WE WILL COME TO REALIZE A DIFFERENT KIND OF BALANCE SHEET, ONE IN WHICH THE BENEFITS MAY CONSIDERABLY OUTWEIGH THE PROJECTED COSTS. AND I WANT TO TALK FOR A MOMENT OR TWO ABOUT THE BENEFITS OF THIS PROJECT THAT HAVE A SPECIAL APPEAL TO ME AND, IN MY OPINION, TO THE PUBLIC HEALTH SERVICE AND TO THE GENERAL PUBLIC.

FIRST IS THE BENEFIT OF EXTENDING QUALITY HEALTH AND MEDICAL CARE TO EVERY AMERICAN. THIS IS A GOAL THAT REMAINS FIRMLY EMBEDDED IN NATIONAL HEALTH POLICY AND DOES NOT CHANGE ACCORDING TO ELECTION RESULTS. AMERICAN GOVERNMENT AT EVERY LEVEL AND OF EVERY POLITICAL PERSUASION HAS CONTRIBUTED IN SOME WAY TO THE STRENGTH OF THE AMERICAN SYSTEM OF HEALTH CARE AND TO THE GOAL OF HAVING THAT SYSTEM SERVE EVERY ONE OF OUR CITIZENS, WHETHER THEY ARE IN HIGH-DENSITY URBAN AREAS OR IN REMOTE MILITARY BASES OR THINLY POPULATED RURAL AREAS.

OUR ASSISTANT SECRETARY FOR HEALTH, DR. EDWARD BRANDT, MADE THIS VERY POINT JUST LAST WEEK, WHEN HE MET WITH THIS YEAR'S CROP OF NEW YOUNG PROFESSIONALS ON ASSIGNMENT WITH THE NATIONAL HEALTH SERVICE CORPS. THESE YOUNG PEOPLE SERVE IN WHAT THE LAW CALLS "HEALTH MANPOWER SHORTAGE AREAS." DR. BRANDT EMPHASIZED TO THEM THAT THE GOVERNMENT WAS

SENDING THEM, AND I QUOTE...

"...TO PRACTICE IN COMMUNITIES WHERE OTHER HEALTH PROFESSIONALS ARE EITHER ABSENT OR VERY SCARCE. YOUR PLACEMENT, THEREFORE, IS A GOVERNMENT ACTION TO OVERCOME A MAJOR INEQUITY IN HEALTH CARE -- THE INEQUITY NOT OF MONEY OR OF STATUS OR OF RACE OR RELIGION, BUT THE INEQUITY OF GEOGRAPHY."

THERE ARE SO MANY HEADLINES THESE DAYS DESCRIBING WHAT GOVERNMENT DOESN'T WANT TO DO ANYMORE -- OR CAN'T AFFORD TO DO -- THAT WE TEND TO OVERLOOK THOSE ACTIVITIES THAT GOVERNMENT IS COMMITTED TO DOING, PERIOD. ASSURING THE DELIVERY OF QUALITY HEALTH AND MEDICAL CARE TO ALL OUR PEOPLE IS ONE OF GOVERNMENT'S FUNDAMENTAL COMMITMENTS. SINCE IT IS ALSO AN INTEGRAL PART OF THE DESIGN OF THE TELERADIOLOGICAL PROJECT, I FEEL ESPECIALLY COMFORTABLE HERE THIS MORNING.

ANOTHER BENEFIT OF THIS PROJECT IS THE ADDITIONAL EXPERIENCE IT PROVIDES FOR INTER-SERVICE COOPERATION. IT SHOULD TELL US SOMETHING ABOUT WAYS TO AVOID COSTLY DUPLICATION OF PERSONNEL AND FACILITIES, SHOW US HOW TO MAKE MAXIMUM USE OF THE SPECIALTY PERSONNEL WE MAY HAVE AVAILABLE, AND EVEN INDICATE A NEW RECRUITMENT POTENTIAL FOR MILITARY HEALTH FACILITIES AND RURAL HEALTH CENTERS.

IN THE ADVANCE MATERIALS I RECEIVED FOR THIS CONFERENCE, I WAS DELIGHTED TO SEE THERE WOULD BE A BROAD REPRESENTATION HERE FROM THE WORLD OF FEDERAL MEDICINE. THIS UNIVERSITY ITSELF IS ONE OF THE BEST EXPRESSIONS OF INTER-SERVICE COOPERATION AND THE U.S. PUBLIC HEALTH SERVICE IS PROUD OF THE FACULTY AND STUDENTS IT SUPPORTS HERE AND WILL SUPPORT IN THE YEARS TO COME.

I THINK IT'S WORTH NOTING THAT ALL THE UNIFORMED SERVICES ARE REPRESENTED IN THE A.M.A. HOUSE OF DELEGATES. AS A MATTER OF FACT, I WAS TOLD BY SEVERAL COLLEAGUES AT THE LAST MEETING OF THE HOUSE OF DELEGATES THAT THEY HAD BEEN FAVORABLY IMPRESSED BY THE NUMBERS OF UNIFORMED PHYSICIANS WHO WERE ATTENDING THAT MEETING AND BY THEIR HIGH LEVEL OF PARTICIPATION. THE SURGEONS GENERAL OF THE ARMY, NAVY, AIR FORCE, AND PUBLIC HEALTH SERVICE ARE ALL REGENTS OF U.S.U.H.S. AND OF THE NATIONAL LIBRARY OF MEDICINE. IN ADDITION, P.H.S. AND ITS SISTER UNIFORMED HEALTH SERVICES ARE DIRECTORS ON THE NATIONAL BOARD OF MEDICAL EXAMINERS, THE ARMED FORCES INSTITUTE OF PATHOLOGY, AND THE GORGAS INSTITUTE OF TROPICAL MEDICINE.

ONE OF THE MAJOR ORGANIZATIONS IN WHICH WE COME TOGETHER IS DEVOTED TO ADVANCING THE FIELD OF FEDERAL MEDICINE. IT IS THE ASSOCIATION OF MILITARY SURGEONS OF THE U.S., OR A.M.S.U.S. EACH YEAR THE SURGEON GENERAL OF A DIFFERENT UNIFORMED SERVICE PROVIDES THE LEADERSHIP FOR

THIS FINE ORGANIZATION. THIS YEAR -- OCTOBER 1981 TO OCTOBER 1982 -- IT WAS OUR TURN. IT WAS A GREAT PERSONAL HONOR AND PRIVILEGE FOR ME TO ASSUME THE DUTIES LAST OCTOBER AS THE A.M.S.U.S. PRESIDENT. I HAD JUST COMPLETED MY CONFIRMATION HEARINGS BEFORE THE SENATE COMMITTEE -- BUT I HAD NOT YET BEEN CONFIRMED OR SWORN IN AS SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE. SO I WAS ESPECIALLY TOUCHED BY THE WARM RECEPTION GIVEN TO ME BY MY COLLEAGUES IN THE OTHER SERVICES WHEN I TOOK OVER THE GAVEL IN SAN ANTONIO LAST OCTOBER.

BUT I WANT TO ACKNOWLEDGE TO YOU, AS I HAVE TO MANY, MANY OTHERS IN THE PAST 10 MONTHS, WHAT A WONDERFUL YEAR IT HAS BEEN FOR ALL OF US IN A.M.S.U.S. FOR ONE THING, ALL THE SURGEONS GENERAL KNEW EACH OTHER EITHER PERSONALLY OR BY REPUTATION, WE HAD AND STILL HAVE GREAT RESPECT FOR EACH OTHER'S PROFESSIONAL LEADERSHIP, AND HAVE CONSULTED TOGETHER ON A VARIETY OF MATTERS, INCLUDING THOSE ITEMS ON THE AGENDAS OF THE VARIOUS GROUPS I MENTIONED A MOMENT AGO. AIR FORCE LIEUTENANT GENERAL PAUL MYERS IS RETIRING, BUT I HAVE NO DOUBT THAT HIS REPLACEMENT ON THE A.M.S.U.S. EXECUTIVE COUNCIL WILL BE EQUALLY SUPPORTIVE OF THE ORGANIZATION, ITS MEMBERS, AND ITS GOALS.

THERE ARE ACTUALLY VERY FEW "MILITARY SURGEONS" AS SUCH IN A.M.S.U.S., BUT THERE IS QUITE A LARGE CROSS-SECTION OF MEDICAL SKILLS AND DISCIPLINES REPRESENTED. THAT FACT HAD BEEN RECOGNIZED FOR A LONG TIME, BUT THIS YEAR -- AGAIN, BECAUSE OF THE WARM RELATIONSHIPS THAT EXIST AMONG THE LEADERSHIP -- WE AGREED TO FIND A MORE PRECISE NAME FOR THE ORGANIZATION. THAT PROCESS IS NOW GOING ON. WE HOPE TO REPORT ON PROGRESS ON THAT AND OTHER ACTIVITIES AT OUR ANNUAL MEETING IN ORLANDO, FLORIDA, DURING THE WEEK OF OCTOBER 17. I HOPE TO SEE A NUMBER OF YOU THERE.

I AM DELIGHTED THAT THE PUBLIC HEALTH SERVICE JUST HAPPENED TO BE THIS YEAR'S STEWARD OF DAY-TO-DAY A.M.S.U.S. ACTIVITIES AND IN A POSITION TO HELP MOVE THIS ORGANIZATION FURTHER ALONG AS THE TRUE REPRESENTATIVE OF ALL PERSONNEL INVOLVED IN FEDERAL MEDICINE.

SOMETIMES WE DON'T RECOGNIZE THE REAL POTENTIAL AMONG THE PERSONNEL OF THE SEVERAL SERVICES. I KNOW THAT HAS BEEN OUR CASE REGARDING THE INVOLVEMENT OF THE P.H.S. INACTIVE RESERVE. THIS PAST YEAR WE SUDDENLY NEEDED TO KNOW TO WHAT EXTENT WE COULD RELY ON OUR INACTIVE RESERVE.

AS SOME OF YOU MAY BE AWARE, COMMISSIONED OFFICERS OF THE P.H.S. PROVIDE THE MEDICAL CARE AT U.S. COAST GUARD FACILITIES. HOWEVER, DURING A NATIONAL EMERGENCY, THESE PERSONNEL WOULD BE AMONG THOSE ASSIGNED TO EXPANDED SEA-GOING OPERATIONS. WE NEEDED TO KNOW IF THERE WERE INACTIVE P.H.S. RESERVE PERSONNEL WHO COULD BE REACTIVATED AND BROUGHT IN TO MAN THOSE BASE MEDICAL FACILITIES.

WE QUERIED OUR INACTIVE ROSTER -- NEARLY 3,000 OF THEM -- AND GOT A STRONG POSITIVE RESPONSE FROM OVER 1,600. HALF THESE WERE PHYSICIANS; CLOSE TO 300 WERE DENTISTS. THIS RESPONSE WAS SO ENCOURAGING THAT WE ARE EXPLORING WAYS TO ESTABLISH YEAR-ROUND PROGRAMS FOR OUR INACTIVE RESERVE, TO REMAIN IN CONTACT WITH THEM IN A USEFUL WAY, RATHER THAN WAIT UNTIL AN EMERGENCY ARISES.

AS GOOD AN ORGANIZATION AS THE P.H.S. NOW IS, AND AS RELIABLE AS IT IS WITHIN THE COMMUNITY OF FEDERAL MEDICINE, I LOOK FORWARD TO DOING JUST A LITTLE BIT BETTER NEXT YEAR AND THE YEAR AFTER, TOO. AND CERTAINLY ONE OF THE STRONGEST FACTORS OF ENCOURAGEMENT WILL BE OUR ASSOCIATION WITH PROFESSIONALS, SUCH AS YOU ARE HERE, PROVIDING HEALTH AND MEDICAL CARE IN THE UNIFORMS OF THE ARMED FORCES OF THE UNITED STATES.



THAT, IN BRIEF, IS AN OVERVIEW OF OUR INTER-SERVICE RELATIONSHIPS. I HOPE YOU GATHER FROM IT THAT WE IN THE U.S. PUBLIC HEALTH SERVICE ARE PLEASED TO HAVE THESE AND OTHER OPPORTUNITIES TO WORK WITH OUR COLLEAGUES IN THE OTHER UNIFORMED SERVICES. I HOPE THAT, IN THE COURSE OF THIS MEETING, YOU MIGHT GIVE SOME THOUGHT TO OTHER WAYS IN WHICH HEALTH UNITS ON REMOTE MILITARY BASES AND RURAL COMMUNITY HEALTH CENTERS MIGHT COOPERATE TO PROVIDE SPECIALTY AND PRIMARY CARE TO OUR CITIZENS. HENCE, AS I INDICATED EARLIER, THIS CONFERENCE, FOR ME, HAS SIGNIFICANCE IN ADDITION TO THE CONTRIBUTION IT WILL SURELY MAKE IN THE FIELD OF MEDICAL TECHNOLOGY.

AND SINCE THAT IS REALLY WHAT WE ARE HERE FOR, LET ME THANK YOU FOR THIS OPPORTUNITY TO MEET AND GREET YOU. I HOPE TO ENLARGE AND ENRICH THESE EXPERIENCES IN THE FUTURE. AND NOW, LET US CONTINUE WITH THE PROGRAM.

THANK YOU.

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